

Date In: 29/01/2018 19:25	Job description	Date & Time Completed	Done by
Ref No: NBA/UP1800172/Y	SAS e-illing		
Yeli No: SK7 9336 E	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 29/01/2018 10:55	1-Motor Claim Form		
OD (TP) / Reporting Only	1-Motor W/O (w/ins 00 hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeli No: SH 74282	INC () / Non-INC ()	
Owner / Drivers:	Tel:	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () % (Note: Est. Status (WO): NI 0-20%; PI 21-79%; PI 80-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Rem:
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: UNB online 6:38:00 PM	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury:	
Date/Time	Action

NA1800660	Invoice Preparation Checklist	Bill	Mod Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Assigned Portion:	3) TP: Towing Fee	\$40/\$10	
	4) FT: Follow-Through Survey	\$130	
	5) XT: Follow-Through Survey (Resurvey)	\$30	
	For claimant against INC Only (w/ef 10 Jan 200)		
	6) TR: Re-inspection	\$15	
	7) NI: NI/DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$3	
	10) NI: Repairs Co-ordination	\$10	
	11) NI: Post Repair Inspection	\$30	
	12) NI: DV / Collect Excess Co-ordination	\$3	
	13) NI: NI / TP (Non-INC) against INC	\$20	
	14) NI: NI: Mobile	\$10	
	Invoice Total		
	Invoice Paid		
	Not Charged		
	Not Charged		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 29/01/2018 19:25
Date Of Accident 29/01/2018 10:55
Exact Location Of Accident CHULIA STREET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ9336E
Insured/Policyholder
Name Of Registered Owner TAN SHIH ERN, JESSICA
NRIC No S8100584B
Email Address JESSYGER@GMAIL.COM
Mobile Phone No (LOCAL) +65-90111339
Alternative Phone No OTHERS-90111339

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model POLO-1.2 TSI (A)
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number SD17V11023/VPC/R00
Cover Note Number

Driver

Name of Driver TAN SHIH ERN, JESSICA
NRIC No S8100584B
Date Of Birth 04/01/1981
Occupation INDOOR
Date Of Driving Pass 07/08/2013
Driving Experience 4 YEARS AND 5 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-90111339
Fax Number
Contact Number OTHERS-90111339
Email Address JESSYGER@GMAIL.COM

Address	BLK 301C PUNGGOL CENTRAL #14-754
Postcode	823301
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7428L
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NEO OW ENG
NRIC/Passport Number	S1845001A
Contact Number	97838801
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 29/1/18
4.25pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 29/1/18
4.25pm

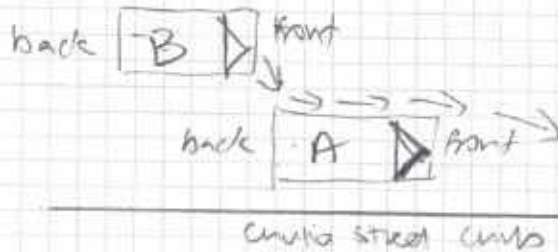
29/01/2018

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

CHULIA STREET



A) SKZ 9336 E

B) SH 7428 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Chulia Street on the extreme right lane. A
 behind comfortdelgro taxi came very near to the left side of my car from the
 and bang into it, causing damage to the left side of the
 car. The taxi ~~was~~ couldn't stop in time and hence
 collided into the left side of the car.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
 Date & Time: 29/1/18
 4.25pm

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 29/1/18
 4.25pm

Reporting Centre Personnel's Signature
 Name: Keshi Kattar
 NRIC/FIN No.: 29/01/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2018 (DD/MM/YYYY), TIME: 10:55 (HH:MM)
LOCATION: Chua Street

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SK2 9336 E
b) INSURANCE COMPANY: Liberty Insurance
c) POLICY NUMBER: SD17V11023 / VPC / R00
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: VOLKSWAGEN POLO, 901.2TSIA/T6C13E2 SR LED
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: Tan Shih Eyn, Jessica (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8100584B CONTACT: 90111339
c) ADDRESS: Blk 301C Punggol Central #14-754
S823301

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Tan Shih Eyn, Jessica (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8100584B CONTACT: 90111339
c) ADDRESS: Blk 301C Punggol Central #14-754
S823301

* d) DATE OF BIRTH: 04/01/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07/08/2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: self

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Hyunam 140

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SH 7428 L MODEL: comfA delqro tox
b) DRIVER'S NAME: Neo Ow Eng
c) NRIC/FIN/PASSPORT: S1845001A CONTACT: 97838801

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(2)

No of passenger
(including driver)
()

email: jessyger@gmail.com

fax: _____

V1060

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8100584B**



Name

TAN SHIH ERN, JESSICA

陈诗恩

Race

CHINESE

Date of birth

04-01-1981

Sex

F

Country of birth

SINGAPORE



4692363



NRIC No. S8100584B



Date of issue

11-03-2011

Address

APT BLK 301C PUNGGOL CENTRAL

#14-754

SINGAPORE 823301

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a woman.

Driving License No: 88100584B

Name: TAN BHI ERN, JESSICA

Birth Date: 04 Jan 1981

Valid Until: 07 Aug 2015

Barcode with number 88100584B.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg	07 Aug 2015

NP 428A

Barcode with Licence No: 88100584B.

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:

TAN SHIH ERN, JESSICA ✓

Date of Issue:

22 Sep 2017 ✓

Effective Date of Commencement: ✓

09 Sep 2017 00:00

Registration No.:

SKZ9336E

Chassis No.: ✓

WWWZZZ6RZGU028464

Certificate No.:

SD17V11023/ VPC / R00

Date of Expiry:

08 Sep 2018 23:59

Type of Certificate:

MX1

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$1500, Section I - Unnamed Drivers S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

MAYBANK

Name of Producer:

SD CONTEGO SERVICES (A1429-2)

PLGG/PI/GG/SD17V11023/22-Sep-2017/MotorCI/v1.0